

UPDATE

FORM 2

DATE IN TO DEPARTMENT

Init.: KB Date: 6.18 Region: S
EPA: _____ Date: _____ Copy: _____
Input: _____ Update: _____ Ack.: _____

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

I. EPA/STATE Hazardous Waste I.D.#

W A D 0 0 9 2 6 2 0 7 2

II. Waste Designated By:

☒ RCRA/State
State Only
Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:

☐ RCRA Exempt Recycler
☐ State Exempt Recycler
☐ Below QEL
☐ Other

IV. Handling

☐ Emergency
☒ Remedial Action
☐ One-Time-Only
☐ Other

DEPARTMENT USE ONLY

Type or Print in Ink—Form designed for use on Elite (12 pitch type)

DEPARTMENT USE ONLY

mm dd yy

1. ☒ A. FIRST NOTIFICATION

(no previous application has been made for this site)

☐ C. WITHDRAW SITE I.D.#

(Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in Part 1F.)

☐ E. CANCEL SITE I.D.#

(Site closed—no longer own or conduct business at this site. Complete Sections 1F, 2A, 3, 5, 8 & 15. Enter existing I.D. # in 1F.)

☐ B. REVISED NOTIFICATION

date revisions effective: _____/_____/_____
(Enter existing site I.D. # in Part 1F. List sections you revised: _____)

☐ D. REACTIVATE SITE I.D.#

(Complete all sections of the form. Enter previously assigned I.D. # in Part 1F.)

☐ F. EXISTING I.D.#

(Complete for items 1B, C, D, & E only)

W A _____

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

3 4 2 — 0 0 6 — 2 0 1

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

2 4 3 0

3. NAME OF COMPANY

H A R D E L
I O N

ONLY THE MAINTENANCE SCREEN
PLEASE

O D C O R P O R A T -

4. MAILING ADDRESS

P O B O X 3

CITY OR

O L Y M P I A

STATE

ZIP CODE

W A

9 8 5 0 7

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION

1 2 1 0 W E

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

H U R S T O N

STATE

ZIP CODE

W A

9 8 5 0 2

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

7A. HAZARDOUS WASTE ACTIVITIES (See instructions for definitions of these activities).

☒ 1. GENERATOR = 1 C303 = \$

☐ 2. TRANSPORTER 2a. ☐ Transport Wastes Commercially (for hire).

2b. Modes of Transport: (1) ☐ Highway (2) ☐ Air (3) ☐ Rail (4) ☐ Water (5) ☐ Other

☐ 3. MANAGEMENT FACILITY (TSD) 3a. ☐ Facility accepts wastes from OFF-SITE Generators.

3b. Processes conducted or available at this facility;

(1) ☐ Treatment (2) ☐ Storage (>180 days) (3) ☐ Disposal
(4) ☐ Other (specify in comments).

☐ 4. UNDERGROUND INJECTION OF WASTE(S).

☐ 5. MARKET OR BURN DANGEROUS WASTE FUELS—5a. ☐ Generator Marketing to Burner 5b. ☐ Other Marketer

5c. ☐ Burner. (COMPLETE 7C—TYPE OF COMBUSTION DEVICE)

7B. USED-OIL FUEL ACTIVITIES.

☐ 1. OFF-SPECIFICATION USED-OIL FUELS—1a. ☐ Generator Marketing to Burner 1b. ☐ Other Marketer 1c. ☐ Burner (Complete 7C)

☐ 2. SPECIFICATION USED-OIL FUEL MARKETER (or ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION.

7C. DANGEROUS WASTE OR OFF-SPECIFICATION USED-OIL FUEL BURNING: TYPE OF COMBUSTION DEVICE.

(see instructions for definitions of combustion devices) 1 ☐ Utility Boiler 2 ☐ Industrial Boiler 3 ☐ Industrial Furnace.

7D. NEW REGULATORY REQUIREMENTS:

Indicate in the space provided, the activity you are notifying for, (if it is not listed above), for which you need an I.D. #.

SEE COMMENTS

(continue in Comments).

8. CONTACT PERSON

NAME (last).

(first)

P A T T O N V E R N

TITLE

S A F E T Y D I R E C T O R

PHONE NO. (area code & number)

2 0 6 — 7 8 6 — 8 1 9 0

9A. OWNERSHIP (Legal Owner(s) of this Company)

H A R D E L M U T U A L P L Y W O O D C O R P

9B. OWNERSHIP (Legal Owner(s) of site (Property))

H A R D E L M U T U A L P L Y W O O D C O R P

10A. TYPE OF OWNERSHIP
(enter letter code in box)
SEE INSTRUCTIONS

P

10B. IS SITE LOCATED ON INDIAN TRUST LANDS?
Y=Yes N=No

N

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Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6305/6306

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WA 0009262072

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WA _____

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REVENUE REGISTRATION (TAX) NUMBER

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PRIMARY

SECONDARY

OTHER

3 4 2 — 0 0 6 — 2 0 1

2 4 3 0

3. NAME OF COMPANY

H A R D E L M U T U A L P L Y W O O D C O R P O R A T -
I O N

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

P O B O X 3 6 5

CITY OR TOWN

O L Y M P I A

STATE

W A

ZIP CODE

9 8 5 0 7

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

1 2 1 0 W E S T B A Y D R

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

T H U R S T O N

CITY OR TOWN

O L Y M P I A

STATE

W A

ZIP CODE

9 8 5 0 2

7. TYPES OF REGULATED DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING (Read & follow instructions for this section carefully—Enter an "X" in any sections of 7A, 7B, or 7C below that may apply).

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JUN 23 1987

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SEE COMMENTS

(continue in Comments).

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NAME (last).

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P A T T O N V E R N

TITLE

S A F E T Y D I R E C T O R

PHONE NO. (area code & number)

2 0 6 — 7 8 6 — 8 1 9 0

9A. OWNERSHIP (Legal Owner(s) of this Company)

H A R D E L M U T U A L P L Y W O O D C O R P

10A. TYPE OF OWNERSHIP

(enter letter code in box)

SEE INSTRUCTIONS

P

10B. IS SITE
LOCATED ON
INDIAN TRUST
LANDS?

Y=Yes N=No

N

9B. OWNERSHIP (Legal Owner(s) of site (Property))

H A R D E L M U T U A L P L Y W O O D C O R P

11. WASTE IDENTIFICATION (Copy this page if you have more than 10 waste streams—other information (sections 12-15) not needed on continuation sheets)

A. N U M B E R	Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. W E I G H T C O D E
1	CHLORINATED ADHESIVE, GLUE	F001	1320	P
2	COMBUSTABLE WASTE,		9240	P
3	ORM-E-WASTE		440	P
4				X
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch. In 12C. indicate maximum to be accumulated on-site prior to shipment.

12A. ☐ (Batch Frequency _____) QUANTITY WEIGHT CODE 0 0

12B. ☐ PER MONTH QUANTITY WEIGHT CODE 0 0

12C. Amount to be Accumulated on-site prior to shipment QUANTITY WEIGHT CODE 0 0

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

7.D DISPOSAL OF WASTE, MATERIAL THAT WE HAVE HAD ON HAND FOR APPROXIMETLY 12 YEARS
THIS MATERIAL WAS NOT SUITABLE FOR OUR OPERATIONS.

14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. 1 ☒ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. 1 ☒ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION (MUST BE SIGNED IN INK TO BE PROCESSED)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: Vern Martin Patton
PRINTED NAME: VERN MARTIN PATTON

OFFICIAL TITLE (Print)

Safety Director

DATE SIGNED:

June 12, 1997